

514 West Liberty Street, Suite 106 Louisville, KY 40202-2324 Phone: 502 574-6869

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Referral Form

Please send all referrals to Libby Mills c/o Restorative Justice Louisville

Date of Request: 4/3/13		Case Number:	00246473-001
Referring Agency:Jefferson Coun	ty Juvenile Court	Restitution Amount:	
Person Referring		Diversion 🔀	Probation
Phone Number		Next Court Date:	_N/A
Please include any of the applicable items: cita	tion, victim statement, statemer	nt of loss, teacher statement, petition	n or any other pertinent information
Victim Inf	ormation (use addition	al forms for multiple victim	ns)
Name:Tiffy Smith on behalf of her daughter (unnamed in petition)			
Address:1792 Patten Court,	, Building 45 #H		
Home Number: Cell Number: <u>614-0048</u> Email Address:			
Male 🗌 Female 🔀		Date of Birth <u>10 y</u>	vears old
If under age eighteen (18), parent/gu 9737		ess: <u>At the same address:</u>	·
Offender Information (use separate form for each offender)			
Name: <u>Kaylin Butler</u>			
Address:1736 J Patton Cour			
Home Number: Cell Number: _712-1628 Email Address:			s:
Male 🗌 Female 🔀		Date of Birth:01/	09/02
If under age eighteen (18), parent/guardian name and address: <u>Erica Butler at same address; alternative number</u> <u>– 509-8219 (Dana Butler, mother's sister)</u>			
Date of Offense: <u>02/25/13</u>	Was a citation issue	ed? Yes 🗌 No 🔀 Office	er:
Summary of offense and nature of da	amages: (attach a copy	of the petition and, if appr	opriate, the citation.)
Assault 4th – Affiants states that her unknown female juvenile approache			